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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/712,416	11/10/2003	Kathryn E. Uhrich	1435.010US3	7606	
	7590 03/18/200 RRIS & PADYS PLLI	_	EXAMINER		
P.O. BOX 111098			FUBARA, BLESSING M		
S1. PAUL, MIN	L, MN 55111-1098		ART UNIT	PAPER NUMBER	
			1618		
			MAIL DATE	DELIVERY MODE	
			03/18/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No. Applicant(s)		
Interview Summary	10/712,416	UHRICH, KATHE	RYN E.
interview Summary	Examiner	Art Unit	
	BLESSING M. FUBARA	1618	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BLESSING M. FUBARA</u> .	(3)		
(2) Robert J. Harris (Attorney).	(4)		
Date of Interview: <u>06 March 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	²)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed: <u>N/a</u> .			
Agreement with respect to the claims f)⊠ was reached. g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>No response has been fill</u>			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APPI DAYS FROM T WHICHEVER IS	LICANT IS HIS
	/Blessing M. Fubara/		
•	Examiner, Art Unit 1618		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	